

# **INDIAN HEALTH SERVICE**

**Patient and Family Education  
Protocols and codes**

**8<sup>th</sup> Edition**

**March 2002**

## FOREWORD TO THE 8<sup>TH</sup> EDITION OF THE PATIENT EDUCATION PROTOCOLS

This year's edition has many new codes and new topics. Also new to this year's edition are the Diabetes Curriculum Education Codes. We hope that you find codes helpful in documenting your patient education. Some of the codes found in this book will be used in ORYX and GPRA as indicators. Please consult your local SUD to see which indicators your site has chosen. More information about these topics can be obtained from Mary Wachacha or Mike Gomez. They are both in the IHS e-mail system.

As co-chairs of this committee we would like to sincerely thank all the members and guests of this committee. As usual they spent long hours preparing for the committee meeting and even longer hours in committee. They all deserve our appreciation. Without these dedicated committee members this would not be possible. We would also like to again thank Mary Wachacha, IHS Lead Consultant for Health Education. Without her vision (and financing) none of this would be possible. We would like to recognize Liz Dickey, R.N. for her part in envisioning an easier way to document education. We would like to thank George Huggins for giving our committee a new acronym PEP-C and for the wonderful presentation he gave at our last meeting. We would like to thank Gwen Hosey and the Diabetes Program for their contribution and for their dedication to the documentation of patient and family education. Finally, we are indebted to our colleagues in the Indian Health Service for their support, encouragement and input.

If you have new topics or codes you would like to see in future editions of the Patient Education Protocols and Codes please let us know. Submissions are requested and encouraged!!! Please e-mail submissions or mail them on floppy disk, preferably in Word Perfect format (Word documents are acceptable but much harder to work with). Please try to follow the existing format as much as possible and as much as possible use mnemonics (codes) that are already in existence. The submissions will be reviewed by the committee and may be changed extensively prior to their publication for general use. New submissions should be sent to:

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There are several ways to navigate easily through this document to find the codes you want. One way is to open the bookmarks tab to the left of this screen. The bookmarks will take you to the specific topic. In addition, topics in the index are linked to their corresponding pages in the document. To use these links, simply click on the **bold** words in the index to go to that topic in the document.

Kelton Oliver, M.D. and Michale Ratzlaff, M.D. Co-Chairs, National Patient Education Protocols Committee

## FORWARD TO THE 8<sup>TH</sup> EDITION OF PATIENT EDUCATION PROTOCOLS

The current membership of the National IHS Patient Education Committee:

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## NEW CODES FOR 2002

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### **ADM - ADMISSION TO HOSPITAL**

**EQ** - Equipment

### **AL - ALLERGIES**

**DP** - Disease Process

**FU** - Follow-up

**L** - Literature

**LA** - Lifestyle Adaptations

**M** - Medications

**N** - Nutrition

**TE** - Tests

### **ASM - ASTHMA**

**N** - Nutrition

**SHS** - Second Hand Smoke

### **CAD - CORONARY ARTERY DISEASE**

**PRO** - Procedures

### **CRP - CROUP**

**C** - Complications

**DP** - Disease Process

**FU** - Follow-up

**HM** - Home Management

**L** - Patient Information Literature

**M** - Medication

**SHS** - Second Hand Smoke

### **DIA - DIALYSIS**

**PRO** - Procedures

### **DCH - DISCHARGE FROM HOSPITAL**

**EQ** - Equipment

**FU** - Follow-up

**HM** - Home Management

**L** - Patient Information Literature

**LA** - Lifestyle Adaptations

**M** - Medications

**N** - Nutrition

**POC** - Plan of Care

**PRO** - Procedures

**REF** - Referral

**RI** - Rights and Responsibilities

**S** - Safety and Injury Prevention

**TE** - Tests

**TX** - Treatment

### **LIP - DYSLIPIDEMIAS**

**EX** - Exercise

**P** - Prevention

### **ECZ - ECZEMA/ATOPIC DERMATITIS**

**C** - Complications

**DP** - Disease Process

**FU** - Follow-up

**L** - Patient Information Literature

**M** - Medications

**N** - Nutrition

**P** - Prevention

**WC** - Wound Care

### **F - FEVER**

**C** - Complications

**DP** - Disease Process

**FU** - Follow-up

**HM** - Home Management

**L** - Patient Information Literature

**M** - Medications

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## NEW CODES FOR 2002

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### **FRST - FROSTBITE**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TX** - Treatment  
**WC** - Wound Care

### **HEAT - HEATSTROKE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**TX** - Treatment

### **HEP - HEPATITIS A,B,C**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DPA** - Disease Process (Hep A)  
**DPB** - Disease Process (Hep B)  
**DPC** - Disease Process (Hep C)  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
  
**P** - Prevention  
**TE** - Tests  
**TX** - Treatment

### **HIV - HUMAN IMMUNO-DEFICIENCY VIRUS**

**PN** - Prenatal

### **INJ - INJURIES**

**M** - Medications

### **MEDS - MEDICAL SAFETY**

**C** - Complications  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention

### **MH - MEN'S HEALTH**

**M** - Medications

### **PM - PAIN MANAGEMENT**

**EX** - Exercise

### **PC- PANCREATITIS**

**M** - Medication

### **PNL - PERINATAL LOSS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**GP** - Grieving Process  
**L** - Literature  
**M** - Medication  
**N** - Nutrition  
**PM** - Pain Management  
**TX** - Treatment

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## NEW CODES FOR 2002

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### **PT - PHYSICAL THERAPY**

**EX** - Exercise  
**GT** - Gait Training  
**WC** - Wound Care

### **PN - PRENATAL**

**HIV** - Human Immunodeficiency Virus  
**M** - Medications

### **PL - PULMONARY DISEASE**

**BIP** - Bilevel (or Continuous) Positive  
Airway Pressure Ventilation  
**INT** - Intubation  
**PRO** - Procedures  
**SHS** - Second Hand Smoke

### **RSV - RESPIRATORY SYNCYTIAL VIRUS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medications  
**NEB** - Nebulizer  
**P** - Prevention  
**SHS** - Second Hand Smoke  
**TE** - Tests  
**TO** - Tobacco (Smoking)

### **RTS - RESTRAINTS**

**M** - Medications

### **TO- TOBACCO USE**

**SHS** - Second Hand Smoke

## Use and Documentation of Patient Education Codes

### Why Use the Codes

Use of the codes helps nurses, physicians and other health care providers to document and track patient education. While it is frequently desirable to spend 15, 30 even 60 minutes making an assessment of need, providing education and then documenting the encounter, the reality of a busy clinical practice often requires us to do this in a more abbreviated fashion. The codes allow the educator a quick method of documenting that education took place during a given patient visit. The codes are then transferred to the health summary which informs everyone using the chart that a given patient received education on specific topics. The codes are limited in that they do not detail the exact nature of the education. However, using these codes consistently will show the pattern of education provided and encourage subsequent health professionals to do the appropriate follow-up. For instance, a typical health summary for a diabetic patient might show the following history of patient education:

07/19/97	DM-Diet, poor understanding
10/27/97	DM-Foot care, good understanding
02/07/98	DM-Exercise, good understanding
05/10/98	DM-Diet, fair understanding

A reasonable interpretation of this summary tells you that this patient is trying to understand dietary management of their diabetes but does not yet fully grasp the concepts. It should lead subsequent providers to spend more time reinforcing dietary guidelines.

### SOAP Charting and the Codes

Use of the codes *does not* preclude writing a SOAP note on educational encounters. Whenever a health professional spends considerable time providing education in a one-on-one setting, that visit should be recorded as an independent, stand-alone visit. The primary provider can incorporate the educational information into their SOAP note and use the code to summarize the visit and get the information onto the health summary. If the patient sees both a physician and a nurse during the same visit and the nurse does a lengthy educational encounter, two PCC forms should be used—one for the physician visit and one for the nursing visit. In that particular case the patient had two primary care encounters during the same day.

## How to Use the Codes

The educator should document the education using the following steps:

1. Log onto the PCC form using the sign-in box in the upper right-hand corner.
2. Circle “Patient Education” in the section marked “Medications/Treatment/Procedures/Patient Education”.
3. Select the most appropriate code and enter it, e.g., DM-C followed by a hyphen(-).
4. Determine the patient’s level of understanding and enter as—good (G), fair (F) or poor (P). Follow this by a hyphen (-).
5. Initial your entry. Enter the amount of time spent educating the patient.
6. It is important to note that if you educate a patient on more than one topic within a category (i.e. diabetes, medicines and diabetes, lifestyle adaptation) these can be separated by a comma (DM-M, LA-level of understanding-your initials). This is only true if the patient’s level of understanding is the same for all topics. Otherwise separate entries must be made.

The PCC coders can only select “good, fair, poor, refused, or group” for level of understanding. Remember, this section is meant for speedy documentation of brief educational encounters. If you wish to write a more lengthy narrative, please do so on a separate PCC form using the codes to simply summarize your note. On inpatient PCCs each entry must be prefaced by a date.

## Recording the Patient’s Response to Education

The following “Levels of Understanding” can be used in the PCC system:

- |                      |   |
|----------------------|---|
| Good ( <b>G</b> ):   | Verbalizes understanding<br>Verbalizes decision or desire to change (plan of action indicated)<br>Able to return demonstrate correctly          |
| Fair ( <b>F</b> ):   | Verbalizes need for more education<br>Undecided about making a decision or a change<br>Return demonstration indicates need for further teaching |
| Poor ( <b>P</b> ):   | Does not verbalize understanding<br>Refuses to make a decision or needed changes<br>Unable to return demonstrate                                |
| Refuse ( <b>R</b> ): | Refuses education   |
| Group ( <b>Gp</b> ): | Education provided in group. Unable to evaluate individual response   |

An example of how to document the codes is shown on the two next three pages.



FACULTY

## PCC AMBULATORY ENCOUNTER RECORD

Date	Arrival Time	Appt.	Walk-in	PROBLEM LIST UPDATE (Enter Problem Numbers From Health Summary)	PROVIDERS	AFFIL.	DIS.	INITIALS / CODE
				Remove Move to Inactive Move to Active				S ✓
				TEMP PULSE RESP	B/P			
CHIEF COMPLAINT				WT. <input type="checkbox"/> GM <input type="checkbox"/> KG <input type="checkbox"/> LB-OZ				
SUBJECTIVE/OBJECTIVE				HT <input type="checkbox"/> CM <input type="checkbox"/> IN				
				HEAD <input type="checkbox"/> CM <input type="checkbox"/> IN				
				VISION - UNCORRECTED R L				
				VISION - CORRECTED R L				
				✓ ORDER INITIALS				
				HCT				
				UA				
				HCG				
				BS-F/BS-R				
				CBC				
				Urine culture				
				Throat culture				
				Stool culture				
				STS				
				GC				
				PAP				
				Pelvic				
				Breast				
				Mammogram				
				Rectal				
				Chest X-ray				
				EKG				
				Soak				
				Hep B #				
				Hep A #				
				OPV #				
				DTP #				
				DT aP #				
				DT				
				Td				
				MMR #				
				Varicella				
				Influenza				
				Hib TITER/ActHIB #				
				Padvax HIB #				
				Pneumo Vax				
				PPD mm				
				Type of Decision Making				
				Straightforward				
				Low Complexity				
				Moderate Complexity				
				High Complexity				
				PROV. SIGNATURE				

## INTERDISCIPLINARY PATIENT AND FAMILY EDUCATION RECORD

### READINESS TO LEARN (Code)

- 1 - Eager to Learn
- 2 - Receptive
- 3 - Fatigue/Pain/Severity of Illness
- 4 - Communication Barriers
- 5 - Cognitive/Sensory Impairment
- 6 - Unreceptive
- 7 - Other (Specify)

### PATIENT'S RESPONSE TO EDUCATION (UNDERSTANDING)

**GOOD (G)** - Verbalized understanding. Verbalizes decision to change (plan of action indicated) able to demonstrate correctly.

**FAIR (F)** - Verbalizes need for more education. Undecided about making a decision or a change. Return demonstration indicates need for further teaching.

**POOR (P)** - Does not verbalize understanding. Refuses to make a decision or needed changes. Unable to return demonstration.

**REFUSED (R)** - Refuses education.

**GROUP (GP)** - Education provided in group. Unable to evaluate individual response.

Special Practices/Limitation:    Yes                      No    If yes, check those that apply and list measures taken to address Special Practices/Limitations:

Language	Cultural	Cognitive	Sensory Deficits	Physical
Religious	Emotional	Reading/Writing	Financial	Other (list)

Comments: \_\_\_\_\_

PATIENT EDUCATION CODES (Check box to refer to Progress Notes)	UNDER- STAND- ING CODE	READI- NESS TO LEARN CODE	DATE	SIGNATURE/TITLE	PERSON TAUGHT	PROVIDER /INITIALS
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	
					Patient Other	

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## PATIENT EDUCATION CODES

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### **ABP - ABDOMINAL PAIN**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatments

### **AF - ADMINISTRATIVE FUNCTIONS**

**B** -Benefits  
**FU** -Follow-up  
**REF** -Referral Process

### **ADM - ADMISSION TO HOSPITAL**

**EQ** -Equipment  
**OR** -Orientation  
**POC** -Plan of Care  
**RI** -Patient Rights and  
Responsibilities  
**S** -Safety and Accident Prevention

### **AL - ALLERGIES**

**DP** -Disease Process  
**FU** - Follow-up  
**L** - Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**TE** - Tests

### **ANS - ANESTHESIA**

**C** - Complications  
**EQ** - Equipment  
**FU** - Follow-up  
**L** - Literature  
**PO** - Postoperative  
**PM** - Pain Management  
**PR** - Preoperative

### **ACC - ANTICOAGULATION**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Mangement  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
**S** - Safety  
**TE** - Tests

### **ASM - ASTHMA**

**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**EX** - Exercise  
**FU** - Follow-up  
**HM** - Home Mangement  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**MDI** - Metered Dose Inhaler  
**N** - Nutrition  
**NEB** - Nebulizer  
**PF** - Peak Flow Meter  
**SPA** - Spacer  
**SHS** - Second Hand Smoke  
**TO** - Tobacco (Smoking)

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## PATIENT EDUCATION CODES

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### **ADD - ATTENTION DEFICIT HYPERACTIVITY DISORDER**

**DP** - Disease Process  
**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**TE** - Tests  
**TX** - Treatments

### **ATO - AUTOIMMUNE DISORDER**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**TE** - Tests  
**TX** - Treatments

### **BT - BABY BOTTLE TOOTH DECAY**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**PRO** - Procedures  
**TE** - Tests  
**TX** - Treatments

### **BH - BEHAVIORAL AND SOCIAL HEALTH**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medication  
**PSY** - Psychotherapy  
**WL** - Wellness

### **BL - BLOOD TRANSFUSION**

**C** - Complications  
**FU** - Follow-up  
**L** - Patient Information Literature  
**S** - Safety and Injury Prevention  
**TX** - Treatments

### **BF - BREAST-FEEDING**

**AP** - Anatomy and Physiology  
**BB** - Benefits of Breast-Feeding  
**BC** - Breast Care  
**BP** - Breast-Feeding Positions  
**CS** - Collection and Storage of Breast Milk  
**EQ** - Equipment  
**FU** - Follow-up  
**GD** - Growth and Development  
**HC** - Hunger Cues  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Maternal Medicaitons  
**MK** - Milk Intake  
**N** - Nutrition (Maternal)  
**ON** - Latch-on  
**T** - Teething  
**W** - Weaning

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## PATIENT EDUCATION CODES

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### CA - CANCER

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**REF** - Referral Process  
**TE** - Tests  
**TX** - Treatments

### CVA - CEREBROVASCULAR DISEASE

**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**S** - Safety and Injury Prevention  
**TE** - Tests  
**TX** - Treatments

### CD - CHEMICAL DEPENDENCY

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention

### CP - CHEST PAIN

**DP** - Disease process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medication  
**N** - Nutrition  
**TE** - Tests

### CHN - CHILD HEALTH - NEWBORN

**FU** - Follow-up  
**GD** - Growth and Development  
**I** - Information  
**L** - Patient Information Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention

### CHI - CHILD HEALTH - INFANT

**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention  
**W** - Weaning

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## PATIENT EDUCATION CODES

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### **CHT - CHILD HEALTH - TODDLER**

**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention  
**W** - Weaning

### **CHP - CHILD HEALTH - PRESCHOOL**

**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention

### **CHS - CHILD HEALTH - SCHOOL AGE**

**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention  
**SX** - Sexuality

### **CHA- CHILD HEALTH ADOLESCENT**

**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**N** - Nutrition  
**PA** - Parenting  
**S** - Safety and Injury Prevention  
**SX** - Sexuality

### **CB - CHILDBIRTH**

**AP** - Anatomy and Pysiology  
**C** - Complications  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LB** - Labor Signs  
**M** - Medications  
**OR** - Orientation  
**PM** - Pain Management  
**PRO** - Procedures  
**RO** - Role of Labor Coach

### **CPM - CHRONIC PAIN**

**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**S** - Safety and Injury Prevention

### **CDC - COMMUNICABLE DISEASES**

**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management

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## PATIENT EDUCATION CODES

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### **CHF - CONGESTIVE HEART FAILURE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaption  
**M** - Medications  
**N** - Nutrition

### **CAD - CORONARY ARTERY DISEASE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**PRO** - Procedures  
**TE** - Tests  
**TX** - Treatments

### **CRN - CROHN'S DISEASE**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatments

### **CRP - CROUP**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medication  
**SHS** - Second Hand Smoke

### **DC - DENTAL CARIES**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Prevention  
**FU** - Follow-up  
**L** - Patient Information Literature  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **DEP - DEPRESSION**

**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**PSY** - Psychotherapy  
**WL** - Wellness



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## PATIENT EDUCATION CODES

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### **DM - DIABETES MELLITUS TYPE 2**

**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**EX** - Exercise  
**FTC** - Foot Care and Examinations  
**FU** - Follow-up  
**HM** - Home Management  
**KID** - Kidney Disease  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**WC** - Wound Care

### **DIA - DIALYSIS**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**PRO** - Procedures

### **DCH - DISCHARGE FROM HOSPITAL**

**EQ** - Equipment  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**POC** - Plan of Care  
**PRO** - Procedures  
**REF** - Referral  
**RI** - Rights and Responsibilities  
**S** - Safety and Injury Prevention  
**TE** - Tests  
**TX** - Treatment

### **DIV - DIVERTICULITIS-DIVERTICULOSIS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **DV - DOMESTIC VIOLENCE**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**P** - Prevention  
**PSY** - Psychotherapy  
**S** - Safety and Injury Prevention  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### LIP - DYSLIPIDEMIAS

**C** - Complication  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention

### DYS - DYSRHYTHMIAS

**C** - Complications  
**DP** - Disease Process  
**EQ** - Equipment  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**TE** - Tests  
**TX** - Treatment

### ECC - EARLY CHILDHOOD CARIES

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**GD** - Growth and Development  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**PRO** - Procedures  
**TE** - Tests  
**TX** - Treatment

### ECZ - ECZEMA/ATOPIC DERMATITIS

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**WC** - Wound Care

### ELD - ELDER CARE

**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**S** - Safety and Injury Prevention

### EOL - END OF LIFE

**DP** - Disease Process  
**EQ** - Equipment  
**GP** - Grieving Process  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**LW** - Living Will  
**M** - Medication  
**N** - Nutrition  
**PM** - Pain Management  
**PSY** - Psychotherapy  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### EYE - EYE CONDITIONS

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### FP - FAMILY PLANNING

**AP** - Anatomy and Physiology  
**DIA** - Diaphragm  
**DPO** - Depot Medroxyprogesterone  
Injections  
**FC** - Foam and Condoms  
**FU** - Follow-up  
**IC** - Implant Contraception  
**IUD** - Intrauterine Device  
**L** - Patient Information Literature  
**MT** - Methods  
**N** - Nutrition  
**OC** - Oral Contraceptives  
**ST** - Sterilization

### F - FEVER

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medications

### FRST - FROSTBITE

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TX** - Treatment  
**WC** - Wound Care

### GB - GALLBLADDER DISEASE

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**PRO** - Procedures  
**TE** - Tests

### GE - GASTROENTERITIS

**C** - Complications  
**DP** - Disease Process  
**HM** - Home Management  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### **GER - GASTROESOPHAGEAL REFLUX DISEASE**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **GIB - G.I. BLEED**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**TE** - Tests  
**TX** - Treatment

### **GL - GLAUCOMA**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LT** - Laser Therapy  
**M** - Medications

### **HRA - HEARING AIDS**

**EQ** - Equipment  
**FU** - Follow-up  
**L** - Literature  
**LA** - Lifestyle Adaptions

### **HL - HEARING LOSS**

**DP** - Disease Process  
**EQ** - Equipment  
**FU** - Follow-up  
**L** - Patient Information Literature  
**SL** - Speech and Language Screening  
**TE** - Testing

### **HEAT - HEATSTROKE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**TX** - Treatment

### **HEP - HEPATITIS A,B,C**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DPA** - Disease Process (Hep A)  
**DPB** - Disease Process (Hep B)  
**DPC** - Disease Process (Hep C)  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition

**P** - Prevention  
**TE** - Tests  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### **HIV - HUMAN IMMUNO-DEFICIENCY VIRUS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**HY** - Hygiene  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PN** - Prenatal  
**S** - Safety and Injury Prevention  
**TE** - Tests  
**TX** - Treatment

### **HTN - HYPERTENSION**

**C** - Complication  
**DP** - Disease Process  
**EX** - Exercise  
**EQ** - Equipment  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition

### **HTH - HYPERTHYROIDISM**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**TE** - Tests  
**TX** - Treatment

### **LTH - HYPOTHYROIDISM**

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
**TE** - Tests

### **IM - IMMUNIZATION**

**DEF** - Deficiency  
**FU** - Follow-up  
**I** - Immunization Information  
**L** - Patient Information Literature  
**P** - Prevention  
**SCH** - Schedule

### **IGT - IMPAIRED GLUCOSE TOLERANCE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**N** - Nutrition  
**P** - Prevention  
**TE** - Tests

### **IMP - IMPETIGO**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Literature  
**M** - Medications  
**P** - Prevention  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### INJ - INJURIES

**CC** - Cast Care  
**EQ** - Equipment  
**EX** - Exercise  
**FU** - Follow-up  
**HM** - Home Management  
**I** - Information  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention  
**PM** - Pain Management  
**WC** - Wound Care

### KD - KIDNEY DISEASE

**AP** - Anatomy and Physiology  
**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**TE** - Tests  
**TX** - Treatment

### MEDS - MEDICAL SAFETY

**C** - Complications  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention

### M - MEDICATIONS

**DI** - Drug Interaction  
**FU** - Follow-up  
**I** - Information  
**L** - Patient Information Literature  
**PRX** - Medication dispensation to proxy

### MH - MEN'S HEALTH

**BE** - Breast Exam  
**FU** - Follow-up  
**HY** - Hygiene  
**L** - Patient Information Literature  
**M** - Medications  
**PRS** - Prostate Health  
**RS** - Reproductive System  
**TSE** - Testicular Self-Exam

### NF - NEONATAL FEVER

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention  
**TE** - Tests

### ND - NEUROLOGIC DISORDER

**DP** - Disease Process  
**EQ** - Equipment  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management  
**S** - Safety and Injury Prevention

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## PATIENT EDUCATION CODES

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### **OBS - OBESITY**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention

### **ODM - OCULAR DIABETES**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**LT** - Laser Therapy  
**M** - Medications  
**PM** - Pain Management

### **OS - OSTEOPOROSIS**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **OM - OTITIS MEDIA**

**C** - Complication  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**P** - Prevention  
**PET** - Pressure Equalization Tubes  
**PM** - Pain Management

### **PM - PAIN MANAGEMENT**

**AP** - Anatomy and Physiology  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptions  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PSY** - Psychotherapy  
**TE** - Tests  
**TX** - Treatment

### **PC- PANCREATITIS**

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TX** - Treatment

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## PATIENT EDUCATION CODES

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### **PNL - PERINATAL LOSS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**GP** - Grieving Process  
**L** - Literature  
**M** - Medication  
**N** - Nutrition  
**PM** - Pain Management  
**TX** - Treatment

### **PD - PERIODONTAL DISEASE**

**AP** - Anatomy and Physiology  
**C** - Complication  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **PVD - PERIPHERAL VASCULAR DISEASE**

**C** - Complications  
**DP** - Disease Process  
**HM** - Home Management  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatments

### **PT - PHYSICAL THERAPY**

**EQ** - Equipment  
**EX** - Exercise  
**FU** - Follow-up  
**GT** - Gait Training  
**I** - Information  
**L** - Patient Information Literature  
**N** - Nutrition  
**TX** - Treatments  
**WC** - Wound Care

### **PNM - PNEUMONIA**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**IS** - Incentive Spirometry  
**L** - Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests  
**TX** - Treatment

### **POI - POISONING**

**FU** - Follow-up  
**I** - Information  
**L** - Patient Information Literature  
**P** - Prevention  
**TE** - Tests  
**TX** - Treatment



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## PATIENT EDUCATION CODES

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### PP - POSTPARTUM

**C** - Complications  
**FU** - Follow-up  
**I** - Information  
**KE** - Kegal Exercises  
**L** - Patient Information Literature  
**M** - Medications  
**PM** - Pain Management  
**WC** - Wound Care

### PN - PRENATAL

**1T** - First Trimester  
**2T** - Second Trimester  
**3T** - Third Trimester  
**C** - Complications  
**CD** - Chemical Dependency  
**FU** - Follow-up  
**GDM** - Gestational Diabetes  
**HIV** - Human Immunodeficiency Virus  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**PIH** - Pregnancy-Induced Hypertension  
and Pre-Eclampsia  
**PM** - Pain Management

### PL - PULMONARY DISEASE

**BIP** - Bilevel (or Continuous) Positive Airway  
Pressure Ventilation  
**C** - Complication  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow up  
**HM** - Home Management  
**INT** - Intubation  
**IS** - Incentive Spirometry  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**MDI** - Metered-Dose Inhalers  
**N** - Nutrition  
**NEB** - Nebulizer  
**O2** - Oxygen Therapy  
**PF** - Peak-Flow Meter  
**PM** - Pain Management  
**PRO** - Procedures  
**SHS** - Second Hand Smoke  
**SPA** - Spacers  
**TO** - Tobacco (Smoking)

### RSV - RESPIRATORY SYNCYTIAL VIRUS

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medications  
**NEB** - Nebulizer  
**P** - Prevention  
**SHS** - Second Hand Smoke  
**TE** - Tests  
**TO** - Tobacco (Smoking)

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## PATIENT EDUCATION CODES

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### **RTS - RESTRAINTS**

**EQ** - Equipment  
**L** - Patient Information Literature  
**M** - Medications  
**S** - Safety and Injury Prevention

### **RD - RHEUMATIC DISEASE**

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management

### **SZ - SEIZURE DISORDER**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptation  
**M** - Medications  
**S** - Safety and Injury Prevention

### **STD - SEXUALLY TRANSMITTED DISEASES**

**C** - Complications  
**FU** - Follow-up  
**I** - Information  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Preventive  
**TE** - Testing  
**TX** - Treatment

### **SWI - SKIN AND WOUND INFECTIONS**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention  
**WC** - Wound Care

### **ST - STREP THROAT**

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests

### **SB - SUICIDAL BEHAVIOR**

**FU** - Follow-up  
**L** - Patient Information Literature  
**PSY** - Psychotherapy  
**TX** - Treatment  
**WL** - Wellness

### **SPE - SURGICAL PROCEDURES AND ENDOSCOPY**

**C** - Complications  
**FU** - Follow-up  
**L** - Patient Information Literature  
**PM** - Pain Management  
**PO** - Postoperative  
**PR** - Preoperative  
**WC** - Wound Care

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## PATIENT EDUCATION CODES

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### TO- TOBACCO USE

**C** - Complications  
**DP** - Disease Process  
**EX** - Exercise  
**FU** - Follow-up  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**M** - Medications  
**QT** - Quit  
**SHS** - Second Hand Smoke

### TB - TUBERCULOSIS

**DOT** - Directly Observed Therapy  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**P** - Prevention  
**PPD** - Screening Skin Test

### UC - ULCERATIVE COLITIS

**C** - Complications  
**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medications  
**N** - Nutrition  
**PM** - Pain Management  
**P** - Prevention  
**TE** - Tests  
**TX** - Treatment

### URI - UPPER RESPIRATORY TRACT INFECTION

**DP** - Disease Process  
**FU** - Follow-up  
**HM** - Home Management  
**L** - Patient Information Literature  
**M** - Medication  
**P** - Prevention

### UTI - URINARY TRACT INFECTION

**DP** - Disease Process  
**FU** - Follow-up  
**L** - Patient Information Literature  
**M** - Medication  
**N** - Nutrition  
**P** - Prevention  
**PM** - Pain Management  
**TE** - Tests

### WL - WELLNESS

**EX** - Exercise  
**FU** - Follow-up  
**HY** - Hygiene  
**L** - Patient Information Literature  
**LA** - Lifestyle Adaptations  
**N** - Nutrition  
**S** - Safety and Injury Prevention  
**SCR** - Screening  
**SX** - Sexuality

### WH - WOMEN'S HEALTH

**BE** - Breast Exam  
**FU** - Follow-up  
**HY** - Hygiene  
**KE** - Kegal Exercise  
**L** - Patient Information Literature  
**MP** - Menopause  
**MS** - Menses  
**N** - Nutrition  
**OS** - Osteoporosis  
**PAP** - Pap Smear  
**PMS** - Premenstrual Syndrome  
**PRO** - Procedures  
**RS** - Reproductive System  
**STD** - Sexually Transmitted Diseases  
**TE** - Tests

**ABP-C      COMPLICATIONS**

**OUTCOME:** The patient/family will understand the potential complications of abdominal pain and verbalize that they will return for additional medical care if symptoms of complication occur.

**STANDARDS:**

1. Explain that some possible complications are acute hemorrhage, sustained hypotension and shock, perforation of a viscus, and infections such as bacteremia.
2. Explain that complications may be prevented with prompt treatment with appropriate therapy.
3. Advise the patient/family to report increasing-pain, persistent fever, bleeding, or altered level of consciousness immediately and seek immediate medical attention.

**ABP-DP      DISEASE PROCESS**

**OUTCOME:** The patient/family will understand some possible etiologies of abdominal pain.

**STANDARDS:**

1. Discuss various etiologies for abdominal pain, i.e., appendicitis, diverticulitis, pancreatitis, peritonitis, gastroenteritis, bowel obstruction, ruptured aneurysm, ectopic pregnancy, and inflammatory bowel disease, as appropriate.

**ABP-FU      FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

**STANDARDS:**

1. Discuss the importance of follow-up care.
2. Explain circumstances/examples that should prompt immediate medical attention.
3. Discuss the procedure for obtaining follow-up appointments.
4. Emphasize that appointments should be kept.

## **ABP -L    PATIENT INFORMATION LITERATURE**

**OUTCOME:** The patient/family will receive written information about abdominal pain.

**STANDARDS:**

- 1 .     Provide the patient/family with written patient information literature regarding abdominal pain.
2.     Discuss the content of the patient information literature with the patient/family.

## **ABP -M    MEDICATIONS**

**OUTCOME:** The patient/family will understand the goal of drug therapy and proper use of medication.

**STANDARDS:**

1.     Review the proper use, benefits and common side effects of prescribed medications.
2.     Emphasize the importance of maintaining strict adherence to the medication regimen.
3.     Encourage the patient to carry a list of current medications.

## **ABP -N    NUTRITION**

**OUTCOME:** The patient/family will have an understanding of how nutrition might affect abdominal pain.

**STANDARDS:**

1.     Discuss, as appropriate, that some foods might exacerbate abdominal pain.
2.     Review this list of foods.

## **ABP -PM      PAIN MANAGEMENT**

**OUTCOME:** The patient/family will have an understanding of the management of abdominal pain.

### **STANDARD:**

1. Discuss, as appropriate, that some foods might exacerbate abdominal pain.
2. Explain that pain medications should be utilized judiciously to prevent the masking of complications.
3. Advise the patient to notify the nurse or provider if pain is not adequately controlled or if there is a sudden change in the nature of the pain.
4. Caution the patient to take pain medications as prescribed, and not to take over-the-counter medications in conjunction with prescribed medications without the recommendation of the provider.
5. Explain that short term use of narcotics may be helpful in pain management as appropriate.
6. Explain that other medications may be helpful to control the symptoms of pain, nausea and vomiting.
7. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.
8. Explain non-pharmacologic measures that may be helpful with pain control.

## **ABP-TE      TESTS**

**OUTCOME:** The patient/family will have an understanding of tests to be performed, the potential risks, expected benefits and the risk of non-testing.

### **STANDARDS:**

1. Explain that diagnostic testing may be required to determine the etiology of the pain so appropriate therapy can be initiated.
2. Explain the tests that have been ordered.
3. Explain the necessary benefits and risks of the tests to be performed. Explain the potential risk of refusal of the recommended test(s).
4. Inform the patient of any advance preparation for the test, i.e., nothing by mouth, enemas, etc.

## **ABP-TX      TREATMENT**

**OUTCOME:** The patient/family will have an understanding of the possible treatments that may be prescribed including the risk and benefits of the treatments or the risk of non-treatment

### **STANDARDS:**

1. List the possible therap(ies) that may be indicated for the treatment of abdominal pain.
2. Briefly explain each of the possible treatment options. Discuss the risk(s) and benefit(s) of the proposed treatment(s).
3. Explain the risk(s) of non-treatment of abdominal pain.

**See BD**

**AF-B BENEFIT'S OF UPDATING CHARTS**

**OUTCOME:** The patient will be able to identify some benefits to themselves and to the clinic/hospital as the result of keeping charts updated.

**STANDARDS:**

1. Identify benefits to the patient i.e., insurance deductible without a co-payment, increased services at this facility, ability of the physician or other provider to contact the patient in case of emergency or lab results which need immediate attention.
2. Identify benefits to the hospital/clinic i.e. increase of services through third party collections.
3. Refer the patient to benefits coordinator or other resources as appropriate.

**AF-FU**

**OUTCOME:** The patient will keep the business office updated at least once per year.

**STANDARDS:**

1. Discuss the importance of maintaining updated information.
  - A. Address
  - B. Telephone number
  - C. Emergency contact
  - D. Third party payers if any
  - E. Name changes
2. Discuss the procedure for providing updated and current information as soon as it becomes available.
3. Updated information will improve the delivery of care and treatment at the IHS Clinic/Hospital. No discrimination will occur based on availability of third party payment resources.



## **AF-REF      REFERRAL PROCESS**

**OUTCOME:** The patient/family will understand the referral process and financial responsibilities. (Choose from the following standards as appropriate.)

### **STANDARDS:**

1.      Emphasize that referrals to outside providers by Indian Health Service primary providers typically will be processed by Contract Health Services.
2.      Explain the procedure for the referral to the private sector is usually based on a priority system and/or waiting list.
3.      Explain that coverage by insurance companies and Medicare/medicaid packages will be utilized prior to contract health service funds in most cases. The Indian Health Service is a payer of last resort.
4.      Discuss the rules/regulations of Contract Health Services.
5.      Refer as appropriate to community resources for Medicaid/Medicare enrollment, i.e. benefits coordinator.
6.      Discuss the importance of follow-up care and the requirement to notify contract health services of any future appointments and procedures by the private sector. **Referrals are for one visit only.** Future and/or additional referrals must be approved prior to the appointment.

**ADM-EQ     EQUIPMENT**

**OUTCOME:** The patient/family will verbalize understanding and demonstrate (when appropriate) proper use of hospital equipment.

**STANDARDS:**

1.     Discuss the indications for and benefits of the specific hospital equipment.
2.     Discuss the types and features of hospital equipment as appropriate.
3.     Instruct the patient regarding necessary involvement and cooperation, as appropriate.
4.     Emphasize safe use of the equipment i.e. no smoking around O2, use of gloves, electrical cord safety.
5.     Discuss proper disposal of associated medical supplies as appropriate.

## **ADM - OR    ORIENTATION**

**OUTCOME:** The patient/family will have a basic understanding of the unit policies, the immediate environment, and the equipment utilized in patient care, including IVs or other venous or arterial lines.

### **STANDARDS:**

1.     Provide information regarding the patient's room, including the location of the room, the location and operation of toilet facilities, televisions, radios, etc. and any special information about the room as applicable.
2.     Identify the call light or other method for requesting assistance and explain how and when to use it.
3.     Explain how the bed controls work.
4.     Identify the telephone (if available) and explain how to place calls and how incoming calls will be received. Explain any restrictions on telephone use.
5.     Identify any equipment (IVs, monitors etc.) utilized for patient care and explain their basic functions and or purposes as appropriate.
6.     Explain the reason for and use of bed side rails in the hospital setting. Discuss the hospital policy regarding side rails as appropriate.
7.     Explain the unit visiting policies, including any restrictions to visitation.
8.     Explain the hospital smoking policy.
9.     Discuss the hospital policy regarding home medications/supplements brought to the hospital.

## **ADM - POC PLAN OF CARE**

**OUTCOME:** The patient/family will have a basic understanding of the plan of care, including the plan for pain management and anticipated results of the plan and discharge planning.

### **STANDARDS:**

1. Explain the basic plan of care for the patient, including the following:
  - A Probable length of stay and discharge planning
  - B Anticipated assessments
  - C Tests to be performed, including laboratory tests, x-rays and others
  - D Therapy to be provided (medication, physical therapy, dressing changes, etc.)
  - E Advance directives
  - F Plan for pain management
  - G Nutrition and dietary plan including restrictions if any
  - H Restraint policy and conditions for release from restraints as applicable
2. Discuss the expected outcome of the plan.

## **ADM - RI PATIENT RIGHTS AND RESPONSIBILITIES**

**OUTCOME:** The patient/family will have a basic understanding of their rights and responsibilities as well as the process for conflict resolution.

### **STANDARDS:**

1. Review the facility's Bill of Rights and Responsibilities with the patient. Provide a copy of this Bill of Rights to the patient/family.
2. Briefly explain the process for resolving conflicts if the patient/family believe that their rights have been violated.
3. Discuss availability of cultural/spiritual/psychosocial services as appropriate.

## **ADM-S SAFETY AND ACCIDENT PREVENTION**

**OUTCOME:** The patient/family will have an understanding of the necessary precautions to prevent injury during the hospitalization.

### **STANDARDS:**

1. Discuss this patient's plan of care for safety based on the patient-specific risk assessment.

**AL-DP DISEASE PROCESS**

**OUTCOME:** The patient/family will understand the physiology of allergic response.

**STANDARDS:**

1. Review anatomy and physiology as it relates to the patient's disease process and its relationship to the patient's activities of daily living.
2. Explain that allergic response is a collection of symptoms caused by an immune response to substances that do not trigger an immune response in most people.i.e, food allergies; hay fever; allergy to mold, dander, dust, drug allergies.
3. Explain that symptoms vary in severity from person to person.
4. Explain that allergies are common. Heredity, environmental conditions, numbers and types of exposures, emotional factors (stress and emotional upset can increase the sensitivity of the immune system), and many other factors indicate a predisposition to allergies.
5. Explain that allergies may get better or worse over time and that new allergies may appear at any time.

**AL-FU FOLLOW-UP**

**OUTCOME:** The patient/family will recognize the importance of routine follow-up as an integral part of health care and maintenance.

**STANDARDS:**

1. Discuss the importance of routine follow-up by the primary provider, nutritionist and community health services as applicable..
2. Assess the need for any additional follow-up and make the necessary referrals.

**AL-L PATIENT INFORMATION LITERATURE**

**OUTCOME:** The patient/family will receive written information on allergy reaction.

**STANDARDS:**

1. Provide the patient/family with written patient information literature on allergies.
2. Discuss the content of the patient of the patient information literature with the patient/family.

## **AL-LA      LIFESTYLE ADAPTATIONS**

**OUTCOME:** The patient/family will understand what lifestyle adaptations are necessary to cope with their allergy(s).

### **STANDARDS:**

1. Assess the patient and family's level of acceptance of the disorder.
2. Review the lifestyle areas that may require adaptations; ie, diet, physical activity, avoidance of environmental allergens/triggers.
3. Explain that treatment varies with the severity and type of symptom.
4. Emphasize that avoidance of the allergen is the best long-term treatment, particularly with allergic reaction to foods or medications.

## **AL-M MEDICATION**

**OUTCOME:** The patient/family will understand the goals of drug therapy, the side effects of the medications and the importance of medication compliance.

### **STANDARDS:**

1. Review the mechanism of action for the patient's medication.
2. Discuss the proper use, benefits and common side effects of the patient's prescribed medications. Review signs of possible medication toxicity as indicated.
3. Emphasize the importance of taking medication as prescribed.

## **AL-N      NUTRITION**

**OUTCOME:** The patient/family will understand that a true food allergy is an immune response with a reaction usually within two hours.

### **STANDARDS:**

1. Discuss the importance of avoiding known food allergens. If the allergen is not known, the patient/family can use the elimination diet to discover what is causing the reaction.
2. Encourage the patient/family to keep a food diary to record reactions.
3. Emphasize the importance of reading all food labels. Instruct the patient/family as necessary.
4. Refer to dietitian for assessment of nutritional needs and appropriate treatment as indicated.

## **AL-TE        TESTS**

**OUTCOME:** The patient/family will have an understanding of the test(s) to be performed and possible results.

**STANDARDS:**

1.        Explain that testing may be required to determine if symptoms are an actual allergy or caused by other problems.
2.        Explain the testing procedure to the patient/family
3.        Discuss the possible results of testing with the patient/family.
4.        Emphasize that history is important in diagnosing allergies, including whether the symptoms vary according to the time or the season and possible exposures that involve pets, diet changes or other sources of allergens.
5.        Explain allergies may alter the results of some lab tests.

**ANS - C      COMPLICATIONS**

**OUTCOME:** The patient/family will understand common and important complications of anesthesia and symptoms that should be reported.

**STANDARDS:**

1. Discuss the common and important complications of anesthesia, i.e. potential for death, disability, drug reaction, pain, nausea and vomiting, disorientation, as appropriate.
2. Advise the patient/family to report any unexpected symptoms, i.e. shortness of breath, dizziness, nausea, chest pain, numbness.

**ANS-EQ      EQUIPMENT**

**OUTCOME:** The patient/family will verbalize understanding and demonstrate when appropriate, the use of equipment to be used post-operatively. The patient/family will further understand as appropriate, equipment to be used during anesthesia.

**STANDARDS:**

1. Discuss the equipment to be used during anesthesia, including monitoring and treatment devices.
2. Discuss the function and use of any equipment that will be used postoperatively for monitoring or continued analgesia, i.e. cardiac and apnea monitors, pulse oximeter, and PCA pumps as appropriate.

**ANS - FU      FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up care and plan to keep appointment.

**STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.
4. Discuss indications for returning to see the provider prior to the scheduled appointment.



## **ANS - L      LITERATURE**

**OUTCOME:** The patient/family will receive written information about anesthesia.

**STANDARDS:**

1. Provide the patient/family with written information about anesthesia or anesthetics.
2. Discuss the content of the patient literature with the patient/family.

## **ANS-PM      PAIN MANAGEMENT**

**OUTCOME:** The patient/family will have an understanding of the plan for pain management.

**STANDARDS:**

1. Explain that pain management is specific to the disease process of this particular diagnosis and patient; and may be multifaceted. **See PM.**
2. Explain that short term use of narcotics may be helpful in pain management as appropriate.
3. Explain that other medications may be helpful to control the symptoms of pain, nausea and vomiting.
4. Explain that administration of fluids may be helpful with pain relief and resolution of symptoms.
5. Explain non-pharmacologic measures that may be helpful with pain control.

## **ANS - PO      POSTOPERATIVE**

**OUTCOME:** The patient/family will understand some post-anesthesia sequelae.

**STANDARDS:**

1. Review expected post-operative course with the patient/family.
1. Discuss with the patient/family common or important post-anesthetic side effects.
2. Explain some causes of post-anesthetic side effects and what courses of action might be required.

## **ANS-PR      PREOPERATIVE**

**OUTCOME:** The patient and family will be prepared for the specific type of anesthetic to be used during a procedure or surgery.

### **STANDARDS:**

1. Explain pre-anesthetic preparation, including NPO (nothing by mouth) requirements and the medication(s) to take prior to the procedure.
2. Explain the type of anesthetic that is medically suggested. Discuss risks and benefits to the patient and unborn infant if applicable.
3. Explain alternative type(s) of anesthetic as appropriate.
4. Discuss common and important complications of anesthesia.
5. Discuss the role of the anesthetic care provider during a surgical/procedure case.
6. Explain the effects of anesthesia on the patient after the procedure is completed.

**ACC-C      COMPLICATIONS**

**OUTCOME:** The patient/family will understand the complications of anticoagulation therapy and/or failure to follow medical advice in the use of anticoagulation therapy.

**STANDARDS:**

1. Explain that failure to follow medical advice in anticoagulation therapy may result in a blood clot or uncontrollable bleeding.
2. Explain that even with correct dosing, disease processes that cause problems with clotting may have devastating outcomes including stroke, uncontrollable bleeding, deep venous thrombosis or death, etc.
3. Emphasize the importance of immediately seeking medical attention for unexplained bruising or bleeding, pain in the legs or chest, severe headache, confusion, dizziness or changes in vision, etc.

**ACC-DP      DISEASE PROCESS**

**OUTCOMES:** The patient will have an understanding of what causes a blood clot, the risks of developing blood clots, and methods to prevent the formation of blood clots.

**STANDARDS:**

1. Review the causative factors as appropriate to the patient.
2. Review lifestyle factors which may put the patient at risk of developing a blood clot.
3. Discuss the patient's specific condition, including anatomy and pathophysiology as appropriate.
4. Discuss the signs and symptoms of active clotting or over-anticoagulation.

## **ACC–FU      FOLLOW UP**

**OUTCOMES:** The patient/family will understand the importance of follow-up and make a plan to make and keep the follow-up appointments.

**STANDARDS:**

1.      Emphasize the importance of follow-up care to adjustment medications and prevent complications.
2.      Encourage treatment plan compliance and acceptance of the diagnosis.
3.      Explain the procedure for obtaining follow-up appointments.

## **ACC–HM      HOME MANAGEMENT**

**OUTCOMES:** The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific disorder and how diet and activity will interact with anticoagulation therapy.

**STANDARDS:**

1.      Assess the patient/family's level of acceptance of the disorder.
2.      Emphasize the importance of avoiding dangerous or hazardous activities while receiving anticoagulation therapy.
3.      Review the areas that may require adaptations: i.e. diet and physical activity.

## **ACC–L      LITERATURE**

**OUTCOMES:** the patient/family will receive written information regarding anticoagulation therapy.

**STANDARDS:**

1.      Provide the patient/family with written patient information literature on anticoagulation therapy.
2.      Discuss the content of the patient information literature with the patient/family.

## **ACC-LA      LIFESTYLE ADAPTATIONS**

**OUTCOMES:** The patient/family will understand what lifestyle adaptations are necessary to cope with the patient's specific disorder and how diet and activity will interact with anticoagulation therapy.

### **STANDARDS:**

1. Assess the patient/family's level of acceptance of the disorder.
2. Emphasize the importance of avoiding dangerous or hazardous activities while receiving anticoagulation therapy.
3. Review the areas that may require adaptations: i.e. diet and physical activity.

## **ACC-M      MEDICATIONS**

**OUTCOMES:** The patient will understand the goal of medication therapy and be able to demonstrate and explain use of the prescribed regimen.

### **STANDARDS:**

1. Review the patient's medication. Reinforce the importance of knowing the medication, dose, and dosing interval of medications.
2. Review common and important side effects, signs of toxicity, and drug/drug and drug/food interactions of medications.
3. Explain that some over-the-counter medications or herbal products can alter the effect of the anticoagulation therapy. Emphasize that a health care provider must be consulted prior to starting any new medications (prescription, OTC, or herbal) while receiving anticoagulation therapy.

## **ACC-N      NUTRITION**

**OUTCOMES:** The patient/family will understand the effect of various foods in relation to their anticoagulation therapy.

### **STANDARDS:**

1. Explain the importance of a consistent diet while receiving anticoagulation therapy.
2. Explain how various foods may interact with the patient's medication to alter coagulation.
3. Explain how various foods may alter the results of laboratory tests.

## **ACC-S      SAFETY AND INJURY PREVENTION**

**OUTCOMES:** The patient/family will understand the risks associated with anticoagulation therapy and the measures that must be taken to avoid serious adverse effects.

### **STANDARDS:**

1. Discuss the risks associated with anticoagulation therapy (bleeding, stroke, adverse drug reactions, etc.)
2. Inform the patient/family to seek immediate medical attention. in the event of an adverse reaction resulting from anticoagulation therapy.
3. Discuss the importance of informing all health care workers of anticoagulation therapy.
4. Emphasize the importance of avoiding dangerous or hazardous activities while receiving anticoagulation therapy to prevent the risk of serious adverse effects (bleeding.)

## **ACC-TE      TESTS**

**OUTCOME:** The patient/family will understand the test(s) proposed, the risk(s) and benefit(s) of the test(s) and the risk/benefit of non-performance of the testing. The patient/family will further understand that it is extremely important to have regular testing while on anticoagulation therapy.

### **STANDARDS:**

1. Discuss the importance of regular laboratory testing in the management of anticoagulation therapy. Explain that this testing is necessary to appropriately adjust the medication as applicable.
2. Explain the risk/benefit ratio of testing vs non-testing.

**ASM-C      COMPLICATIONS**

**OUTCOME:** The patient/family will understand how to prevent complications of asthma.

**STANDARDS:**

1. Discuss that the most common complications of asthma are exacerbation or infection. These complications often result from failure to comply with treatment regimens (medications, peak flows, etc.) or from exposure to environmental triggers or infections.
2. Emphasize early medical intervention for minor URI's, fever, cough, and shortness of breath can reduce the risk of complications, hospitalizations, E.R. visits and chronic complications of the disease.
3. Stress the importance of adherence to the treatment plan. Explain that failure to comply with the treatment plan may result in permanent scarring of the lungs.

**ASM-DP      DISEASE PROCESS**

**OUTCOME:** The patient will understand the etiology and pathophysiology of asthma.

**STANDARDS:**

1. Review the anatomy and physiology of the respiratory system.
2. Discuss common triggers of asthma attacks (smoke, animal dander, cold air, exercise, etc.)
3. Explain that asthma is a chronic inflammatory disease and must be treated on a long-term ongoing basis.
4. Explain the various aspects of an asthma attack, including airway inflammation (swelling), mucus production, and constriction of airway muscles.
5. Explain that asthma is an atopic condition and may occur in combination with other atopic illnesses, i.e. nasal allergy. Explain that control of these concomitant illnesses may be necessary to control the asthma.

## **ASM-EQ      EQUIPMENT**

**OUTCOME:** See outcomes for **ASM-NEB, PF, MDI, SPA**

**STANDARDS:**

1.      See **ASM-NEB, PF, MDI, SPA**,

## **ASM-EX      EXERCISE**

**OUTCOME:** The patient/family will understand the patient's exercise recommendations or restrictions as appropriate to this patient's disease condition.

**STANDARDS:**

1.      Review the type(s) of exercise recommended for this patient.
2.      Discuss the importance of consulting the primary provider before beginning any exercise program.
3.      Discuss that exercise is a common trigger of asthma attacks and that inhalers or other medications may be necessary prior to engaging in athletic activities. Explain that for persons with severe asthma, exercise may need to be limited until the asthma is under better control.

## **ASM-FU      FOLLOW-UP**

**OUTCOME:** The patient will understand the importance of regular follow-up and will strive to keep scheduled appointments.

**STANDARDS:**

1.      Discuss the importance of regular follow-up care in the prevention of complications and adjustment of medications.
2.      Encourage treatment plan compliance. Assess the patient's understanding of the treatment plan and acceptance of the diagnosis.
3.      Provide positive reinforcement for areas of achievement.
4.      Refer to PHN or community resources as appropriate.
5.      Emphasize the importance of consistent peak flow measurement and charting of these measurements. Emphasize the importance of bringing peak flow charts to clinic visits as they assist in management of the asthma.



## **ASM-HM      HOME MANAGEMENT**

**OUTCOME:** The patient and/or family will understand the home management of their disease process and make a plan for implementation.

### **STANDARDS:**

1. Discuss home management plan and methods for implementation of the plan.
2. Explain the importance of following a home management plan, i.e. fewer emergency room visits and fewer hospitalizations.
3. Emphasize the importance of consistent peak flow measurement and charting of these measurements. Emphasize the importance of bringing peak flow charts to clinic visits as they assist in management of the asthma.
4. Emphasize the importance of correctly using inhalers and other medications as prescribed.
5. Identify and avoid environmental triggers (cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, aspirin, etc.) as appropriate for the patient.

## **ASM-L      PATIENT INFORMATION LITERATURE**

**OUTCOME:** The patient/family will receive written information about asthma.

### **STANDARDS:**

1. Provide the patient/family with written patient information literature on asthma.
2. Discuss the content of the patient information literature with the patient/family.

## **ASM-LA      LIFESTYLE ADAPTATIONS**

**OUTCOME:** The patient will strive to make the lifestyle adaptations necessary to prevent complications of asthma and prolong life.

### **STANDARDS:**

1. Discuss which lifestyle changes the patient has the ability to change: cessation of smoking, dietary modifications, weight control, treatment compliance and exercise.
2. Re-emphasize how complications of asthma can be reduced or eliminated by such changes.
3. Review the community resources available to help the patient in making such lifestyle changes.
4. Identify and avoid environmental triggers (cigarette smoke, stress, environmental smoke, pollen, mold, dust, roaches, insecticides, paint fumes, perfumes, animal dander, cold air, sulfites, aspirin, etc.) as appropriate for the patient.

## **ASM-M      MEDICATIONS**

**OUTCOME:** The patient and/or family will understand the goal of drug therapy and be able to demonstrate and explain use of the prescribed medication regimen.

### **STANDARDS:**

1. Review the patient's medications. Reinforce the importance of knowing the drug, dose, and dosing interval of medications.
2. Review common side effects, signs of toxicity, and drug interactions of medication(s).
3. Discuss the difference between fast relief and long-term control metered dose inhalers.
4. Explain the difference between maintenance and rescue drugs.
5. Emphasize compliance and explain how effective use of medications can facilitate a more active life style for the asthma patient.
6. Emphasize the importance of consulting with a health care provider prior to using any OTC medication.